

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/25/2014
NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST LAKE STATION, IN 46405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on June 5, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00155059 and IN00152520.</p> <p>Survey dates: September 24 & 25, 2014</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Survey team: Lara Richards, RN-TC Heather Tuttle, RN Cynthia Stramel, RN Yolanda Love, RN</p> <p>Census bed type: Residential: 128 Total: 128</p> <p>Census payor type: Medicaid: 120 Other: 8 Total: 128</p> <p>Sample: 6</p> <p>Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on September 28, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE